

RPS-S
(10/80)



Training and Experience/Preceptor Statement
(Medical Use of Radioactive Material)

Radiation Control Branch
Kentucky Cabinet for Human Resources

1. Name of Proposed User	2. Ky Medical License Number
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3. Certification		
A. Specialty Board	B. Category	C. Month & Year Certified

4. Training Received in Basic Radioisotope Handling Techniques			
Field of Training	Location and Date	Type & Length	
		Lecture/ Laboratory (Clock Hours)	Supervised On-The-Job Experience (Clock Hours)
a. Radiation Physics & Instrumentation			
b. Radiation Protection			
c. Mathematics pertaining to the use and measurement of radioactivity			
d. Radiation Biology			
e. Radiopharmaceutical Chemistry			

5. Experience			
Isotope	Where Gained	Duration (Clock Hours)	Type of Use

Preceptor Statement

Clinical Training & Experience

Isotope	Conditions Diagnosed/Treated	Number of Cases Involving Personal Participation	Comments
I-123	Diagnosis of thyroid function		
I-125	Liver function studies		
Or	Kidney function studies		
I-131	Determination of blood and Blood plasma volume		
	Thyroid imaging		
	Treatment of thyroid carcinoma		
	Treatment of hyperthyroidism and cardiac condition		
	In Vitro studies		
	Detection of thrombosis		
	Other (Specify)		
Se-75	Pancreas imaging		
Yb-169 or In-111	Cisternography		
Xe-133	Blood flow studies and pulmonary function studies		
Ga-67	Scanning studies		
Tl-201	Cardiac imaging		
Tc-99m	Brain imaging		
	Cardiac imaging		
	Thyroid imaging		
	Salivary gland imaging		
	Blood pool imaging		
	Placenta localization		
	Liver and spleen imaging		
	Lung imaging		
	Bone imaging		
	Other (Specify)		
OTHER (Specify)			
P-32 (Soluble)	Treatment of polythemia vera, leukemia and bone metastases		
P-32 (Colloidal)	Intracavitary treatment		
P-32	Eye tumor localization		
Au-198	Intracavitary treatment		
Co-60	Intracavitary treatment Interstitial treatment		

Preceptor Statement (Cont'd)

Cs-137 or Ra-226	Intracavitary treatment Interstitial treatment		
I-125 or Ir-192	Interstitial treatment		
Co-60 or Cs-137	Teletherapy treatment		
Sr-90	Treatment of eye disease		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99m/ Tc-99m	Generators		
OTHER (Specify)	Generators		
Tc-99	Reagent kits		
OTHER			

6. Dates and Total Number of Hours Received in Clinical Radioisotope Training

Dates:

Hours:

**7. The Training and Experience Indicated
was Obtained Under the Supervision of:**

Name of Supervisor

Name of Institution

Mailing Address

City, State & Zip

Radioactive Material License Number

8. Preceptor's Signature

9. Preceptor's NAME (Print or Type)

10. Date